UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	MAY 04 Wile Page 1 of 5
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and	Candidates, and New Employees	LEGISLATIVE RESOURCE CENTE:
Name: Whit Hughes Daytime Telephone:	ne:	18 MAY 10 PM 2: 00
New Member of or Candidate for State: MS U.S. House of Representatives District: 3x4 Candidates - Date of Election: 6/5/18	Check if Amendment	U.S. HÖUSE OF REPRESENTATIVE : (Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	Period Covered: January 1, 3617 to 5/4/18	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	ONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? OI b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No J si	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	r \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU	THAT YOU ARE REQUIRED TO COMBLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, DEPENDENT, OR TRUST INFORMATION - ANSWER BOOK OF SPOUSE, DEPENDENT, DEPENDEN	- ANSWER <u>BOTH</u> OF THESI	OTH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	excepted trusts" need not be disclosed.	Have you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	pouse or dependent child because they me	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Whit Hughes

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	Community Bank of MS		LPL Financia)	Messill Lunch	ABC Hedge Fund X	Examples:	SP, By Mega Corp Stock EIF	rore than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business. the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial informes tin, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the emount in all interest-bearing accounts. If the total is over \$5,000 list every financial institution where there is	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned"	Assets and/or Income Sources	BLOCK A
×		у Х	×	×		indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000	» С О		be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it popularies to provide a popularies the value should		
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								INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED			reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if	Type of income	вгоск с
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SCHEDULE A -
ASSETS & "U
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Name: Whit Hughes

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SCHEDULE C - EARNED INCOME

Name: Whit Hughes of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Course (include date of special for become)	Time		Amount
Course (illiciate date of receipt for Holloralia)	lype	Current Year to Filing	Preceding Year
	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Mississippi Baptist Health Systems, Inc.	Salary	£5.€3.,6€1₽	# 209,658,00
Trinity BNK/ Trinity Re-School	Spouse Sakey	Арргох. \$5,000.00	\$7,300-00

Name: What Hughes or 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child

			SP DC. JT		
		Example			
American Express	Bank of America	First Bank of Wilmington, DE	Creditor		
111/17-5/HB	84/5-Uph	5/98	Date Liability Incurred MO/YR		
11/17-5/4/A Revolving Charge Account	11th7-5/4/18 Revolution Charge Account	Mortgage on Rental Property, Dover, DE	Type of Liability		
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			Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Board of Oraclars	Apord of Orientes	Band of Threeters	Book & Director	Advisory Board Member	Foundation President & Chief Development Officer	Position
Shorard Show Foundation	Hospice Ministries Inc.	Midbun Rot	Mis	The Salvation	Mississippi Badist Health Systems Inc.	Name of Organization

Tackson Advisory Board Member

Extra Table